

Customer Acct #

RTM #

RTM # to be completed internally by IST

Warranty Claim RTM Request

Facility Name	Address	City	State	Zip

Facility Contact Name	Phone #	Email

Warranty Claim Details

*** If additional space is needed for details, please attach it to this form.

Item	Qty	Lot # (s)	Issue (s)
Lid	<input style="width: 50px; height: 30px;" type="text"/>		
Base	<input style="width: 50px; height: 30px;" type="text"/>		
Filter Cover	<input style="width: 50px; height: 30px;" type="text"/>		
Other	<input style="width: 50px; height: 30px;" type="text"/>		

Is this Warranty Claim RTM Request caused by normal use and detected per the ONE TRAY[®] User Manual instructions? If **NO**, please describe the cause:

Yes

No

Form Data Entry Instructions:

1. The RTM form needs to be completed before sending in warranty items
2. Kat O'Kane (kokane@onetray.com) can assist in obtaining **Customer Account Number**
3. The customer is responsible for shipping warranty items to IST at: **7625 Paragon Road, Suite A Dayton, OH 45459**
4. The warranty work will be performed at no cost to the customer
5. The items will be sent back to the facility and contact on this form

Customer has acknowledged that the information provided is truthful and accurate.

Print Name	Signature	Date